

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	/							51					
2		/						52	/	/			
3		/						53	/	/			
4		/						54		/			
5		/						55		/			
6		/						56		/			
7	/							57		/			
8	/							58		/			
9		/						59		/			
10		/						60		/			
11		/						61		/			
12		/						62		/			
13	/							63		/			
14	/							64		/			
15		/						65		/			
16	/							66		/			
17		/						67		/			
18		/						68		/			
19	/							69		/			
20	/	/						70		/			
21		/						71		/			
22	/							72		/			
23	/							73		/			
24	/	/						74	/				
25	/							75		/			
26	/							76		/			
27		/						77		/			
28		/						78		/			
29		/						79		/			
30		/						80		/			
31		/						81		/			
32		/						82		/			
33	/							83		/			
34		/						84		/			
35		/						85		/			
36		/						86		/			
37	/							87		/			
38		/						88		/			
39		/						89		/			
40		/						90		/			
41		/						91		/			
42		/						92		/			
43		/						93		/			
44		/						94		/			
45		/						95		/			
46		/						96		/			
47		/						97		/			
48		/						98		/			
49		/						99		/			
50		/						100		/			
TOTAL IND.	14							TOTAL IND.					
TOTAL DEP.	78							TOTAL DEP.					
TOTAL CLAIMS	92							TOTAL CLAIMS					